



BOARD OF MEDICAL EXAMINERS

301 S PARK
P O BOX 200513
HELENA MT 59620
1-406-841-2364

LIC.#: _____
DATE: _____
STATUS: _____

NAME: _____

ADDRESS: _____

CITY: _____ ST: _____ ZIP: _____

☐ ACTIVE \$100.00 ☐ INACTIVE \$50.00 ☐ RETIRED \$16.25

Your Montana Medical Doctor license will expire on March 31 of every year.

YOU MAY RENEW ONLINE GO TO: <https://app.mt.gov/renewal>

OR do the following steps and renew by mail.

In order to renew your Physician license:

- 1) Complete the renewal application.
- 2) Answer all the disciplinary questions at the bottom of the form and on the back of the Renewal.
- 3) Submit a check or money order for the appropriate amount as indicated above. Make payable to the Board of Medical Examiners. Do not send cash. Canadian and Foreign Residents pay in U.S. funds only.
- 4) Complete, sign, and date the renewal form.
- 5) Renewal application and fees must be returned to the Board office postmarked no later than **MARCH 31**.
- 6) Renewal postmarked after **MARCH 31**, will be assessed a penalty fee of an additional \$150.00. **NO WAIVER OF PENALTY FEE!**
- 7) You may not practice as a physician in Montana after **MARCH 31**, until you have renewed your license.
- 8) You may not practice or prescribe medications while on inactive or retired status.
- 9) If you wish to activate an inactive license, please contact the Board office.
- 10) If you do not wish to renew, please indicate on this form, answer the disciplinary question, sign and date below.
- 11) Incomplete Renewal Applications will be returned and may be subject to the penalty fee if not received in the Board office completed and postmarked by **March 31**.

Work Phone _____ Home Phone _____ DEA No. _____

YOU MUST COMPLETE QUESTIONS ON NEXT PAGE.

The board of Medical examiners voted to "waive" ½ of the renewal fee for this period for all renewing physicians (Active/Inactive/Retired/Suspended). The full late penalty fee will be assessed if a licensee renews after MARCH 31.

LEGISLATION PASSED IN THE 2005 SESSION PROVIDES THAT A LICENSEE HAS 45 DAYS TO RENEW HIS/HER LICENSE BY PAYING THE LATE FEE. ANYONE RENEWING 46 DAYS OR MORE AFTER THE MARCH 31 DEADLINE, MAY HAVE A COMPLAINT FILE OPENED, AND THE POSSIBILITY OF THE UNLICENSED PRACTICE MAY BE ADDRESSED BY THE BOARDS DISCIPLINARY SCREENING PANEL.

Yes___ No___ Have any legal or disciplinary actions been instituted against you since your renewal? If so, please attach copies of the document that initiated each action and all final orders. Mont. Code Ann. Sec. 37-1-105 requires that you report this information. Failure to accurately furnish the information is grounds for denial or revocation of your license.

Your Signature: _____ Date: _____

DO NOT SEND CASH

Do Report:

1. A criminal action arising out of your medical practice. Attach a copy of the "Indictment," "Information," or other initiating documents.
2. A malpractice judgment or verdict against you and/or a criminal judgment or verdict against you. Attach a copy of the "Judgement," "Verdict," "Order," or "Final Order."
3. A state licensing board order of revocation, suspension, probation, censure, fine, restriction on your license or other discipline. Attach a copy of the "Final Order" or other concluding document.
4. Medicaid/Medicare sanctions taken against you by the DPHHS. Attach a copy of the pertinent document(s).

Do Not Report:

1. A claim filed with your insurance carrier.
2. A claim or proceeding before the Medical-Legal Panel.

***YOU MUST ANSWER ALL QUESTIONS BELOW BY CIRCLING EITHER YES OR NO ***
***IF YOU ANSWER "YES" TO ANY OF THE QUESTIONS, PLEASE EXPLAIN IN DETAIL ***
*** ON A SEPARATE PIECE OF PAPER ***

- Yes No - Have you experienced any physical or mental condition during the last renewal period, not otherwise reported to the Board or the Montana Professional Assistance Program, which might adversely affect any aspect of your medical practice?
- Yes No - Have you, during the last renewal period, engaged in habitual intemperance, the excessive use of, or been under the influence of, any addictive or mind-altering substance while on duty or on call (not otherwise reported to the Board or the Montana Professional Assistance Program)?
- Yes No - Have you, during the last renewal period, lost or voluntarily relinquished, been refused, limited, restricted or denied privileges in any hospital or society?
- Yes No - Have you, during the last renewal period, lost, voluntarily relinquished, been refused, limited, restricted or denied any prescribing privileges?
- Yes No - Have you, during the last renewal period, voluntarily surrendered, cancelled, been limited or restricted, failed to renew or entered into a consent agreement with respect to your license during a disciplinary investigation or in lieu of disciplinary action or been denied a state license to practice or specialty board certification?